

Date Due: September 15, 2006

State of Iowa
Department of Education
Bureau of Children, Families and Community Services (BCFCS)
Grimes State Office Building
Des Moines, Iowa 50319-0146

Date Filed: _____

**SPECIAL EDUCATION CHILDREN MEETING CRITERIA FOR IOWA'S HIGH COST FUND.
CLAIM AGAINST STATE OF IOWA PART B FUNDS
2005-06 SCHOOL YEAR**

AEA # District _____ located in _____, Iowa submit this claim
(Name of School District) (City)

for the following children requiring special education who were provided special education programs and services by this school district. These same children meet all the criteria established in the Iowa Plan for High Cost Fund and any district for the programs and services provided by this claimant district has not made payment.

For purposes of the 2005-06 school year, the threshold of three times the State's average per special education pupil expenditure, as established in Section III (3) of the State Plan, shall be \$29,673. Only districts with a student whose costs exceed \$29,673 should apply for reimbursement under this fund.

Name of Child	Birthdate	Project Easier ID	Medicaid Eligibile (Y / N)	Total Actual Costs	Medicaid Eligible Costs	Costs Meeting High Cost Fund Criteria Col. 5 minus Col. 6	Total Costs Subject to Reimbursement Criteria (Office Use Only)
1	2	3	4	5	6	7	
Total Amount of Claim							

I, the undersigned Superintendent of the _____ School District of _____, state that all items in this claim submitted are, to the best of my knowledge, accurate and in accordance with the requirements of the Iowa Plan for High Cost Fund.

Name & Phone Number of person to contact
if BCFCS has any questions:

(Signature of Superintendent)

Name: _____ Phone: _____